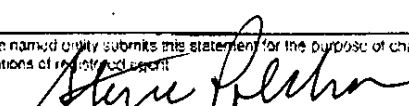
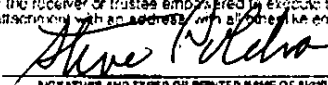


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 009 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000011074			
1. Entity Name: A-1 SUNSHINE ROOFING, INC.			
Principal Place of Business 8516 NW 20 STREET SUNRISE, FL 33313		Mailing Address 10690 NW 27 CT SUNRISE, FL 33322	
2. Principal Place of Business: 6516 NW 20 STREET Suite, Apt. #, etc.		3. Mailing Address 10690 NW 27 CT. Suite, Apt. #, etc.	
City & State SUNRISE FL.		City & State SUNRISE FL.	
Zip 33313	County BROWARD	Zip 33322	County BROWARD
4. FEI Number 65-1115536		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POICHA, STEVE 10690 NW 27 COURT CT. SUNRISE, FL 33322		7. Name and Address of New Registered Agent Name: STEVE POLCHA Street Address (P.O. Box Number is Not Applicable) 10690 NW 27 COURT City: SUNRISE FL Zip: 33322	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  STEVE POLCHA		DATE: 4/28/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT POLCHA, STEVE 10690 NW 27TH COURT SUNRISE, FL 33322 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT STEVE POLCHA 10690 NW 27 COURT SUNRISE FL. 33322 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PARTNER WILLIAM ECKHARDT 11411 NW 32 PL. SUNRISE, FL. 33322 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PARTNER WILLIAM ECKHARDT 11411 NW 32 PLACE SUNRISE FL. 33322 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowers.			
SIGNATURE:  STEVE POLCHA		DATE: 4/28/05 954 748-1670	

50046745



04252005 Chg-P CR2E034 (10/03)